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THE MONTANA MAVERICK

A publication of Warm Springs State Hospital, Warm Springs Montana

Stanley J. Rogers, M.D.--Superintendent

ADVISORY STAFF

Jack Balcombe

James Dick

Father James Flynn

Ed Gendle

Miguel Gracia, M.D.

Ray Gregory

Gregory Jacobs

Ellen Lenihan, R.N.

Betsy Lundborg

Charles McCarthy

Louis W. Wurl----------Editor

Violet L. Beck----------Managing Editor

Production and Circulation----------Activity Therapies Department with the assistance of patients and volunteers.

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"C H A N G E "

It seems we are always experiencing change but particularly so in these last few months. It therefore seemed appropriate to address a few remarks concerning some of the more notable changes.

As most of us are aware Warm Springs State Hospital has for many years accepted and cared for the most severely, physically and mentally handicapped retarded children of the State. In May 1969, we commenced the gradual transfer of some 150 of these children to new facilities provided at the Boulder River School. Although it is with a certain sadness that we see them go, we know that they will soon adapt to and benefit from their new home. As a consequence of this transfer Children's Unit 10 will be vacated and probabley never used again for patient occupancy. Ward 28, when vacated of the children, will be renovated and used for other patient occupancy. It is the expressed policy of the Board of Institutions that future admissions of retarded children will be accepted by Boulder except in emergencies.

As of July 1, 1969, those patients placed on the Alcoholic Treatment and Rehabilitation program moved to new quarters in the little used employee's dormitory in Galen. Mr. Gendle and his councellors have done a fine job in relocating the treatment program and will enjoy their new headquarters. Warm Springs will continue to admit these cases and will continue to be responsible for the overall program. Ward 25 is now closed and will not be re-occupied by patients.

We are all aware of the progress made in the construction of our new Boiler Plant and will be anxious to see it finally get on line and supply heat before next winter sets in.

Shortly we expect to see work begin on other projects. A new building to house our medically sick patients and to group our laboratory, X-ray and dental offices. This will be located between Ward 85 and the commissary, set back in the grove of trees. A new post office building to be erected near the Administration Building. A renovation project to commence on three floors of the Warren Building as Phase I of a continuing project. Demolition of the Montana Building; we have already relocated the Plumber's Shop from the basement of this building and have moved the patients' canteen into the renovated portion of the Warren Basement. Our maintenance crews have done an excellent job in coping with the changing demands that have arisen as a result of the above projects with the result that no important service to our patients has had to be seriously curtailed.

One other change that is worthy of note is the new voluntary admission law that was successfully introduced in the 1969 legislature. The new procedure eliminates the need for district court approval of such admissions, also allows for a shortening of the mandatory period of stay to 60 days.

We feel that the changes referred to above constitute progress inasmuch as they are and will be designed to provide improved service to our patients.

Stanley J. Rogers, M.D., Supt.

CRISIS TREATMENT IN A HOSPITAL SETTING

In June several hospital staff members attended a crisis treatment workshop sponsored by the Missoula Mental Hygiene Clinic. The workshop emphasized the use of an emergency telephone service within the community rather than directing crisis concepts to a mental hospital situation. However, one wonders if we might not profitably apply the crisis framework to patients within the hospital.

Crisis theory presents an explanation of disturbance in functioning in terms of situational stress. Its main tenet is that a pattern of reactions, in the form of a "crisis state," can be partly attributed to specifiable situational events. The term crisis state refers to a time-limited condition of distress in which a person's usual level of functioning is disturbed. For some situations, such as the birth of a premature child and bereavement, the pattern of reactions has been well documented, in terms of both the symptoms and the sequential attempts at adaptation which occur. Several reasons have been offered for these reactions. One explanation is that a person's repertoire of coping mechanisms may be adequate for handling the situation. Other explanations point out that events have affect-laden meanings such as the reactivation of conflicts and the treat to basic needs. The major point of agreement among persons espousing the crisis approach is that the distress and disturbance displayed during the crisis state is <u>appropriate</u> although some of the forms of expressions the disturbance takes may not be. The focus of crisis treatment is upon helping the person in crisis to find more adequate means of coping with the stress either by learning new coping techniques or by supporting and encouraging the use of techniques which formerly were successful. In addition, an aspect of the treatment which has proven to be particularly helpful is that of pointing out to the patient the appropriateness of his distress rather than labeling it as peculiar or even "crazy." In this context the most dramatic example might be the hallucinations which are a normative aspect of the grieving process.

Crisis theory essentially focuses on situational variables--ordinary and extraordinary events which confront people. Some events are universal in that they ordinarily confront a person from any culture at some time in his life. Examples are physical illness, onset of puberty, and the death of a close person. Other events are more or less specific to certain cultures, sub-cultures, or persons. Examples here would include employment changes, being drafted, divorced or giving birth to a retarded or defective child.

All too often mental health workers, especially those trained in older, more traditional approaches tend to pay far too little attention to situational stress. Instead, the tendency is to focus on long-standing pathology and on past history which contributes--or may contribute--to the current disturbance. In a mental hospital the problems may be compounded by the lack of access to important relatives and friends who can both offer information regarding current stress and furnish needed emotional and functional support to the patient in dealing with stress. To say the very least, such a situation is economically inefficient. Studies have repeatedly shown that when persons are seen during the crisis state and when the treatment focuses on the immediate stress, the need for long term treatment is eliminated. Hospitals with emergency psychiatric services have found that from 85 to 90% of all patients can

be handled within 4 to 6 sessions while only the small remaining percentage require longer term care. It should also be pointed out that such findings apply to chronic psychotic patients as well. An example here is the Boston Veterans' Administration Hospital which has found that by dealing with current situational stress rather than with long standing pathology, it is possible to shorten length of stay in hospital, increase the period of time outside of the hospital, and also reduce the number of recommitments.

The relevance of crisis theory to our hospital seems only too obvious, both in terms of new admissions and long-term care patients. For example, one might become aware of such things as crucial anniversaries and other crucial dates of our more permanent residents. The anniversary of the death of a close person tends to be an upsetting time for many people, including mental patients. Thus, if we knew that Wednesday was the anniversary of the death of Joe's Aunt Harriet's death, might we not view Joe's disturbed behavior on Wednesday in a different light? It is just possible that if we did know this information, it might change the way in which we dealt with Joe's behavior on Wednesday in a different light? It is just possible that if we did know this information, it might change the way in which we dealt with Joe's behavior.

As a closing note, it might be well to briefly consider the realities of a mental patient's situation. Due to the requirements of the situation, a patient is more dependent than are most people. Both his freedom of movement and his freedom to make decisions about his own way of life are restricted. Thus his potential for coping with crisis is greatly reduced. Is it unreasonable to expect that the reaction of a mental patient to a crisis might be even more disturbed than that of a non-patient---and also to think that such behavior is altogether appropriate?

B. Lundborg
J. Dick

IN MEMORIUM

Warm Springs State Hospital will feel a great loss at the death of Ted Scharph, Psychiatric Social Worker. Ted came to work here in June 1962. He had previously worked for the Montana State Department of Public Welfare from 1951 to 1959.

The understanding he had of resources and the sincere feeling he exhibited in his work to help patients will make him missed by both patients and staff. His death coming as it did after a relatively short illness and when it seemed he was moving toward recovery was a shock to all his many friends.

WORK STUDY PROGRAM 1969

The intent of this article is to clarify to the extent possible, the Work Study Program for the 1969 Summer season.

Some misunderstanding exists, which is probably true of any Federally-sponsored program, as to what work study entails therefore the following questions and answers hopefully will resolve some of them.

1) What is the purpose of the college work study program?

   Answer: The purpose of this program is to expand part-time employment opportunities for students, particularly those from low-income families, who need the earnings in order to pursue a course of study at an institution of higher education.

2) Do work-study participants displace regular workers?

   Answer: Displacement of Regular Workers is Prohibited: Employment under this program must not result in the displacement of employed workers or impair existing contracts for services. It is the intent of the program to create new and expanded job opportunities.

3) Who can employ work study participants?

   Answer: An employer to be eligible to employ work study people must, as defined by the Internal Revenue Service be classified as a tax-exempt, non-profit organization and all services as provided by students must be of broad benefit to the population at large in order to be considered in the public interest.

4) What are the student obligations?

   Answer: Students are expected to perform their assignments in a responsible and mature manner. They are required to comply with the directions of their supervisors and to conduct themselves in a manner consistent with their responsibilities. Failure to perform satisfactorily will result in removal from the employment and from the program.

5) How is compensation under work study apportioned between the Federal government and the employer?

   Answer: The Federal share of the compensation to the students may not exceed 80%. The employer's share of student compensation must equal at least 20%.

6) How many work study students are currently employed at Warm Springs State Hospital?

   Answer: As of 1 August 1969 there were 55 students participating through work study with employment generally beginning in June and ending around the 1st of September.

The foregoing information should be helpful in clarifying some of the more important points governing this program, however, should additional information be desired this office or the office of Mr. Buckley, Personnel, will be happy to provide such assistance as we can.

Raymond W. Gregory
Business Manager

CHAPEL BEING DISCUSSED

A new chapel at Warm Springs? Or should we enlarge and fix up the present chapel? That is the question posed to a committee of staff members who met recently at Warm Springs State Hospital. Under the chairmanship of Father James Flynn, Catholic chaplain, a group of eight discussed the present inadequacies of Trinity chapel, the possibilities of correcting those inadequacies, and the possibility of building a new and larger chapel.

The present chapel was for years used only for funeral services and was called the mortuary chapel. Under the leadership of Pastor Jay Confair, Protestant chaplain until a year ago, the chapel was cleaned up and re-decorated and made available for general daily use. That was about two years ago.

Until about a year ago the Catholic chapel was on the third floor of the clinic building, and if everyone held their breath, about twelve people could be squeezed into it. After Father Flynn became Catholic chaplain, the clinic chapel was closed and the mortuary chapel became an inter-denominational chapel and re-named Trinity chapel. Since then Catholic services have been held there on Mondays, Wednesdays, and Saturdays, and on special holy days, and Protestant services on Wednesdays. All funerals take place in Trinity chapel. The chapel seats at most about fifty people, so that Sunday services must be held in the multi-purpose building gymnasium which becomes the Worship Center for the occasion.

Some of the major deficiencies of the Trinity chapel are as follows: its size....Too small for Sunday services and special occasions; the heating system (the holy water froze a few days this past winter, and no one likes ice-cold wine to drink); lack of storage space for church paraphernalia; no place for the Catholic sacrament of repentance (confession). If someone wishes to go to confession now, like before a Catholic Mass, the chaplain must take the person outside. This makes for the biggest, fresh-air confessional in Christendom, but we'd rather have a confessional room. And finally, the general over-all appearance of the chapel is poor, as is the landscaping.

In the past year some efforts have been made to better the chapel landscaping. The patients' Legion of Mary have worked hard to keep the weeds down and the flowers up.

At the present time the chapel committee is waiting upon an architect's estimate of costs for enlarging and beautifying the present chapel, or building a new one. After the committee has completed its study and the hospital administration has given its approval, the people of Montana will be asked to help financially with the chapel situation at the state hospital.

Even now, if they wish, Montanans may contribute money for the chapel. A special fund is administered by the accounting department and now has $105.00 in it. Tax-deductible contributions may be sent to the hospital chaplains at the hospital and designated for the chapel fund.

Father James Flynn

FUTURE HOMEMAKERS OF AMERICA PROGRAM

"Happiness is FHA'ers Helping in Warm Springs," was a part of the state Future Homemakers of America's project for the 1968-69 school year. The objectives of the project were : to know about the mentally ill, to care about the people in the institutions, and to raise funds to help equip the home economics department at Warm Springs State Hospital. This project along with the addition of a home economics instructor made it possible to expand the program that had been instituted at the hospital in 1967.

A structured program giving instruction and practice in home arts and activities of daily living, such as grooming, wardrobe planning, meal planning and preparation, budgeting, money management, clothing repairs, and various housecleaning tasks, was set up for patients who are in need of better preparation for more effectively taking their place in the mainstream of society. The activities have been considered on the basis of whether they will help reintegrate the patients to their family and community.

Girls from FHA clubs throughout the state participated in fund-raising activities. The money earned was sent to the state home economics office in Helena, or directly to the hospital. Some of the items purchased with these funds were: a sewing machine, Melmac dishes, Teflon pans, mixers, scissors, knives, and various other kitchen and sewing equipment. In addition to the money making activities, which included raffles, bake sales, car washes, dances, carnivals, talent shows, selling refreshments, collecting pop bottles and many more, some of the chapter members toured our facilities and had panel discussions on mental illness.

The FHA girls have done a wonderful job and they are to be commended for their interest and effort. Without their support the home economics program at Warm Springs State Hospital would not have been as successful. With this support we have been able to expand into other areas not previously covered, and we hope to continue broadening the program. We appreciate the interest and assistance given by Miss Flora Martin, the Supervisor of Home Economics Education in the State Department of Public Instruction and Mrs. Thornby of that office, in developing this excellent FHA program. We would also like to take this opportunity to express our thanks to the members of all the FHA chapters throughout Montana who have supported this project.

There is some indication from the state office that the FHA may continue this program during the next school term, 1969-70. This is most encouraging, and we look forward to a continuing association with the Future Homemakers of America.

Mrs. Kathy Bryan
Mrs. Betty Nason,
Institution Instructors

STAFF ATTEND STUDY SESSIONS

To keep up with the changes and great advances in the knowledge and treatment of mental illness and alcoholism, several staff members from Warm Springs State Hospital have attended or will attend workshops, seminars and study weeks this summer.

Jane Edwards and Kay Slezak, both of the nursing department, were in Seattle June 9 to 11 to attend a meeting of the Western Interstate Commission on Higher Education. The subject under discussion was continuing education for the mental health Professional. This type of education has been handled mostly by the colleges, but it is generally felt that they are not meeting the needs. Those at the Seattle meeting recommended a change in what the colleges are offering and closer ties between the colleges and the field agencies. The colleges and field agencies will pool information and share educational resources and programs. The delegates also recommended that more grants, federal and state, be made available for this kind of continuing education for the mental health professional.

From June 11 to 14, Kay Slezak and Ellen Lenihan of the nursing department attended a conference in Phoenix, Arizona on the subject of "Mental Hygiene in the Community." The conference centered on social and racial problems that precipitate community and personal anxiety and stress problems. The conference also dealt with programs that could be implemented with federal money to obviate such community mental health problems.

On June 10 several members of the social service, nursing, and psychology departments attended a workshop at the University of Montana on "Crisis Intervention." Discussed were techniques of suicide prevention and the setting up of community suicide prevention centers.

Pastor Wilfred Roset and Mrs. Charlotte Kuffner, R.N. attended the University of Utah School of Alcohol Studies from June 15 to 20. About 800 people from all parts of the country were in attendance. Pastor Roset and Mrs. Kuffner were at the general sessions each day and then split up to take part in the special group sessions: one for the clergy and the other for treatment of the alcoholic. Pastor Roset reports that in the clergy sessions of most interest were the lectures on counseling the family and crisis counseling.

Gwen Casey, director of occupational therapy attended a seminar on horticulture therapy at the Menninger Clinic in Topeka, Kansas, June 20 and 21. Lectures and discussions concerned the value and the techniques of getting mental patients involved in growing vegetables and flowers, and in doing landscape work. There is a possibility that a program might be initiated here at the hospital to implement this horticultural therapy.

From August 3 to 8th Father James Flynn will attend a workshop at Collegeville, Minnesota, on pastoral counseling and psychotherapy. This workshop is part of the fifteenth annual St. John's University Institute for Mental Health. Lectures and discussion leaders for this year's workshop are several prominent psychiatrists, including Dr. Robert McAllister, superintendent of the Nevada State Hospital; J. Cotter Hirshberg, M.D., supervisor of training at the Menninger Clinic; and Leo Bartmeier, M.D. medical director of the Seton Psychiatric Institute, Baltimore.

Father James Flynn

SPECIAL ATTENTION AFFECTS PATIENTS

In the last issue, we presented some thoughts about custodial care. We would like to continue the presentation by reviewing some of the results of a recent project on one of our wards.

In February, 1969, we initiated a reevaluation of the patients on the ward. We reviewed the patient's physical and mental condition. The patient's record was summarized to bring up-to-date the information on interested relatives and friends and other resources that might contribute to planning for the patient's future. The patient was interviewed in connection with the above purposes. It was our hope that the patient could be involved in thinking in realistic terms about the future.

As we started the program, we found the patients apathetically follow in the routine set for them on the ward. One was struck by the atmosphere of individuals involved only in watching time pass by.

When the patients experienced the interest and attention of the staff there was evidence of change taking place. The process of interviews by the doctor and social worker, as well as participation in staff meetings with doctor, social workers, nurse and attendant staff, resulted in a new interest in life on the part of patients and staff alike. The staff, especially attendants, found that the review and discussions of the cases gave them additional understanding of the patient, his actual condition, and the possible goals for him. The staff took a more active role to involve the patient in what was now a "goal directed" activity. It was observed that although considerable pressure had to be used at first to involve patients in activities, some of the patients became so interested that they continued these activities without staff intervention.

The medical review also revealed that some patients had been stoically ignoring conditions for which they should have sought attention. The mental condition some patients had changed little for some time but added or new measures of medical intervention had not been initiated. One patient had been using a wheel chair for a year because the crutches he had could not be shortened sufficiently for him to use them. The carpenter shop was able to remedy this immediately and the patient was urged to put forth effort to use them and thus become more independent in his actions.

We were gratified to find a number of patients for whom there seemed to be possibility of release with a little effort. Two patients were transferred to a rest home. Two others who could have used such a facility refused to go. It appeared their reluctance was due to their feeling against leaving "home" and adjusting to a new way of living.

The reaction of the patients is reflected in the fact that when the regular staff meetings were discontinued following the resignation of the doctor, the patients repeatedly asked the attendants when they might be

seen again by staff members. Suggestions made by the staff were adopted by the patients and presented to staff as requests. It would be inaccurate to report such a project in entirely positive terms. Some undesirable results took place. New medications given patients resulted in undesirable side effects. Other patients became hyperactive which disrupted the formerly serene atmosphere of the ward. Attempt to develop plans for the release of other patients resulted in exhausting possible resources without effecting a release.

One patient was placed in correspondence with his wife after years without hearing from her. Another was returned to a living situation in a local community. Evaluation of another patient led to his transfer to another ward where his adjustment and involvement gave him and the staff hope for a better future.

The end result of this four month experience has shown that staff involvement in active planning for patients can engender interest and progress in both patients and staff. It helps staff to be involved and active in trying to help patients toward release, but even more it causes a vitality in ward life even for patients for whom there is no immediate hope of ever leaving their "home."

Gregory Jacobs, Director
Social Service Department

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O N C H A N G E

With the man on the moon a reality the entire world becomes aware of dramitic, impending changes in the future of mankind. Many persons resist change, but our world changes regardless, with or without the consent of the individual.

Like the moon program, significant change takes place at Warm Springs State Hospital, in a planned, organized sequence. The changes are imaginatively conceived, carefully programmed, and then enthusiastically implemented. All this requires a sincere basic interest, a sound knowledge of the principles involved, and a dedicated staff that is able and willing to change, as change is indicated.

EDITOR